

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042987

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

5693

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED NOV 26 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

KANSAS CITY

Length of stay in 1b

3 yrs.
2 DAYSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

VA HOSPITAL

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY

OR TOWN

KANSAS CITY

Inside Limits

Yes ☐ No ☐

d. STREET

ADDRESS

(If outside, give location)

3314 East 33rd

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

RAYMOND

Middle

VAUGHN

Last

4. DATE

Month

Day

Year

DEATH

November

9,

1962

5. SEX

MALE

6. COLOR OR RACE

NEGRO

7. Married

☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

12-25-89

9. AGE (last birthday)

72 yrs

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PORTER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

JOPLIN, MISSOURI

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

FRANK VAUGHN

13b. MOTHER'S MAIDEN NAME

SOPHIA GIVENS

14. NAME OF HUSBAND OR WIFE

WINIFRED VAUGHN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

YES

WWI

16. SOCIAL SECURITY NO.

49 [REDACTED]

17. INFORMANT

OFFICIAL VA HOSPITAL RECORDS

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), (c). DEATH WAS CAUSED BY:

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CEREBROVASCULAR ACCIDENT, RIGHT

INTERVAL BETWEEN ONSET AND DEATH

2 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) HYPERTENSIVE CARDIOVASCULAR DISEASE

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

NONE

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. Attended the deceased from November 8, 1962 to November 9, 1962 and [REDACTED]

Death occurred at

6:25 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Dwight K. Oxyley, M.D.

22b. ADDRESS

VA HOSPITAL, KANSAS CITY, MO.

22c. DATE SIGNED

11-10-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

11-15-62

23c. NAME OF CEMETERY OR CREMATORY

National Cem.

23d. LOCATION (City, town, or county)

St. Leavenworth, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Watkins Bros. K.C. Mo.

25. DATE RECD. BY LOCAL REG.

11-10-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Dr. R. A. Watkins

Licensed Embalmer No. *8555*

P. O. Address

for Benton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.